Burn Critical Care

<table>
<thead>
<tr>
<th>Burn Critical Care</th>
<th>Burn Surgeons</th>
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<tbody>
<tr>
<td>Bret Alvis</td>
<td>Stuart McGrane</td>
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<tr>
<td>Arna Banerjee</td>
<td>Tracy McGrane</td>
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<tr>
<td>Patrick Henson</td>
<td>Roy Neeley</td>
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<tr>
<td>Chris Hughes</td>
<td>Pratik Pandharipande</td>
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<tr>
<td>Adam King</td>
<td>Nahel Saied</td>
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<tr>
<td>Avi Kumar</td>
<td>Joseph Schlesinger</td>
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<td>Sheena Weaver</td>
<td>Lisa Weavind</td>
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Burn Surgeons

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<tbody>
<tr>
<td>Blair Summitt (Plastic Surgery)</td>
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<tr>
<td>Lisa Rae (Trauma Surgery)</td>
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<tr>
<td>Wes Thayer (Plastic Surgery)</td>
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<td>Reuben Bueno (Plastic Surgery)</td>
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General Information:

Vanderbilt Burn Center is a 25-bed Level I burn center dedicated to meeting the challenges of burn treatment and recovery. Vanderbilt Burn Center provides quality comprehensive care for burn patients. The Center serves as a regional referral center (TN and adjacent states) for both adult and pediatric patients minor to life-threatening injuries from thermal, electrical, chemical, and radiation burns.

The Burn Center, located on the eleventh floor of Vanderbilt University Hospital, delivers critical care, step down care, and rehabilitation services. Also included in the Burn Center is a special procedure area uniquely designed to perform debridement, hydrotherapy, dressing changes, conscious sedation, and minor surgical procedures on burn patients. The center provides routine care to patients from other surgical services on an overflow basis.

In the event of mass casualty due to a disaster, the Burn Center has the ability to reconfigure quickly and adapt to a surge capacity for burned patients.

The medical care of the burn patient incorporates a multidisciplinary approach. This will involve physicians, advanced practice nurse practitioners, registered nurses, occupational health, pharmacists, wound care specialists, physical therapists, occupational therapists, nutritionists, speech therapists, burn technicians, care partners, respiratory therapists, case managers and social work. The Burn Center team members are capable of providing care to all levels of burn patients within the Burn Center.

The Burn Center provides care utilizing evidence based practice. The Burn Center follows VUMC and VMG policies and procedures in addition to unit-specific guidelines for practice.

The Medical team in the Burn Center consists of:

- Burn Surgeon
- Burn Surgical Fellow
- Burn Critical Care Attending
- Burn Critical Care Fellow
- Burn Acute Care Nurse Practitioners
- 2nd Year surgical resident
- Three surgical interns
Patients:
The BICU will care for Burn ICU patients, Burn stepdown patients, off service ICU patients and off services floor patients. Regardless of service or ICU status any infection that occurs within the BICU is allocated to the BICU infection data. Therefore it is the expectation that the Burn team will be aware of every patient physically located in the Burn ICU.

Critically ill patients requiring ICU care should have a daily ICU Attending note. Stepdown and off service patient’s should still have documentation of care provided by a member of the Burn medical team.

The ACNP can complete documentation for care provided for any patient within the Burn Center. They will often document a brief note for off service patients located in the BICU. The ACNP will maintain daily contact with the primary team of any off service patient located in the BICU.

When we have need for an ICU bed for a burn patient, then off service patients should first be moved out of the ICU in collaboration with the nursing staff, bed management and the AOC. When necessary a bed on the stepdown area will be designated as ICU to maintain the care of burn patients within the burn center.

Rounding Times:

Rounds in the BICU start as detailed below. Deviations from these times may be necessary but this is discouraged to minimize disruption to the multidisciplinary team members.

<table>
<thead>
<tr>
<th>Day</th>
<th>Morning Rounds</th>
<th>Afternoon Rounds</th>
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<tbody>
<tr>
<td>Monday</td>
<td>8am</td>
<td>Between 3-5pm</td>
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<tr>
<td>Tuesday</td>
<td>8am</td>
<td>Between 3-5pm</td>
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<tr>
<td>Wednesday</td>
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<tr>
<td>Thursday</td>
<td>8am</td>
<td>Between 3-5pm</td>
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<tr>
<td>Friday</td>
<td>9am</td>
<td>Between 3-5pm</td>
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<tr>
<td>Saturday</td>
<td>8am</td>
<td>PRN</td>
</tr>
<tr>
<td>Sunday</td>
<td>8am</td>
<td>PRN</td>
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Rounding Expectations:
1) Present on BICU rounds other than medical staff will be members of the multidisciplinary team and they should be included in discussions as appropriate.
2) It is the expectation that the bedside nurse and/or charge nurse will be present for each patient.
3) Every patient physically located in the BICU will be rounded on regardless of primary service.
4) The structure of rounds will be:
   a. The Intern or resident will present the relevant patient clinical information.
   b. The bedside nurse will present appropriate data from the past 24 hours.
   c. The intern will formulate a clinical plan.
   d. This clinical plan will then be modified by the resident and fellow as necessary based upon the clinical details and examination.
   e. The BICU Attending will have final approval of the clinical plan.
   f. A summary of the day’s plan will be confirmed with the bedside nurse prior to moving on from the bedside.
5) The BICU team will round with a computerized workstation such that orders can be entered in a timely manner. This computer can be used to show appropriate clinical images, flow sheet data and lab results.
6) Family members are encouraged to be present on BICU rounds when available. Their questions should be answered as part of the rounding process. In some circumstances this may not be possible and a BICU team member should return on completion of rounds to answer any further questions.
7) It is the expectation that the faculty will oversee the co-ordination of rounds. This may involve allowing other members of the team to direct rounds as part of their educational process. Attendings in these situations are still expected to provide oversight to ensure that rounds maintain clinical focus and efficiency.

Note Expectations:
The Burn Center follows VUMC and VMG documentation standards.
1) Daily progress notes are expected to be written on all burn patients by members of the burn team.
2) Burn admission H+P will be co-signed by the burn surgeon.
3) Critical care progress notes will be completed by the BICU Attending on a daily basis.
4) Timely attestation of procedure notes.
5) NP notes on ICU patients should be reviewed by the ICU Attending.

Fellow Responsibilities:
The BICU has a Critical Care Fellow assigned to it on a monthly basis. This can be either an Anesthesia or Surgical Critical Care Fellow. There will also be months when there is a Burn Surgery Fellow co-assigned to the unit.
It is the expectation that the fellows are to be given clinical responsibility and oversight of care co-ordination. The level of autonomy given to the fellow will be at the discretion of the Attending and their assessment of the fellow’s capabilities. Regardless, the BICU Attending assumes overall responsibility and should be available 24 hours for patient care matters when they are assigned to the Burn ICU.
There is in-house fellow coverage of the BICU provided by the CVICU fellow overnight. They are only expected to be called for emergencies when bedside presence is required or to supervise procedures when their CVICU clinical duties allow. The BICU Attending is primarily responsible for ensuring appropriate supervision of all procedures 24 hours a day.
Resident Involvement:

The Burn center has at any one time 3 surgical interns and a second year categorical 2nd year surgical resident on rotation. The 2nd year resident is the senior resident on the rotation and has responsibility for coordinating the clinical schedule and activities of the interns. This will include ensuring OR coverage, consent, note writing and procedures. The Attending should recognize that this will often be the first time the second year has had these responsibilities and the level of guidance and support each requires will vary.

The interns and residents have primary responsibility for assessing and writing the notes on all the Burn Surgery ICU patients. Off service ICU patients may be seen by either the interns, resident or NP.

Admitting Team Communication Expectations:

Burn surgeons will admit to the BICU as they deem appropriate. There may not be primary communication at the time of admission between the Attending surgeon and the BICU Attending. However there should be communication within 24 hours of admission of the surgical plan directly between the BICU Attending and Burn Surgeon. This may need initiated by the BICU Attending. A collaborative approach is the norm within the BICU.

Weekend Roles:

The BICU attending will be expected to round on weekends as directed above. There may or may not be a Critical Care Fellow available to round on weekends with the Attending. The Attending is expected to stay until they have completed their necessary clinical activities for that day. This may include staying to provide supervision for procedures as appropriate.

There will be a CVICU critical care fellow available to provide coverage for bedside emergencies. They may also be available for procedure supervision if their clinical duties in the CVICU permit. However it is still the BICU Attending responsibility to ensure appropriate procedural supervision at all times of the day.

Hydro Coverage:

1) The BICU Attending may be required to provide Monitored Anesthesia Care for burn patients to receive wound care in the hydrotherapy room.
2) It is the responsibility of the sedation provider to ensure that the patient meets the requirements for safe sedation administration
3) All efforts should be made to have the pediatric cases scheduled as the early cases in the hydrotherapy room to minimize fasting times for children.
   This will be impacted by the workload in the BICU and BICU rounds
4) Suitability of pediatric patients for sedation shall always be determined by the BICU Attending. When necessary then Pediatric Anesthesiology can be contacted per protocol. This is preferred for all patients<2yrs of age
5) The BICU Attending will be responsible for assessing suitability for evening and overnight urgent hydrotherapy cases that require sedation.
6) There is a separate hydrotherapy sedation protocol that each BICU Attending should be familiar with.

Sedation Responsibilities:

The BICU Attending will be available to provide sedation on all patients in the Burn ICU and hydrotherapy room 24 hours a day. Suitability for sedation will be assessed by the sedation provider. Discussion is encouraged between the burn surgeon and BICU attending to co-ordinate the provision of sedation.

ICU Sign-out:

Normal sign-out is on a Friday afternoon. The sign-out time can be agreed upon between the on-coming and off-going BICU attending. Ideally this will involve face to face hand off within the BICU but it is recognized the format may need to vary due to conflicting schedules and/or circumstance.